PTO/SB/22(10-00)
Approved for use through 10/31/2002. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) Docket Number (Option AD6649 US NA					
	ne et al.				
	Filed: September 27, 2000				
For: Laminate Structure					
	Group Art Unit 1771	Examiner J. Boyd			
This is a request under the provision reply in the above identified applicati		to extend the pe	riod for filing a		
The requested extension and approproced (check time period desired):		fee are as follow	vs		
One month (37 CFR	1.17(a)(1))		\$ <u>110.00</u>		
☐ Two months (37 CFR	1.17(a)(2))		\$ <u>410.00</u>		
☐ Three months (37 CF			\$ 950.00		
Four months (37 CFR 1.17(a)(4)) \$1450.00					
•					
 A check in the amount of the fee is enclosed. □ Payment by credit card. Form PTO-2038 is attached. □ The Commissioner has already been authorized to charge fees in this application to a Deposit Account. ☑ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 04-1928. I have enclosed a duplicate copy of this sheet. I am the □ applicant/inventor. □ assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). □ attorney or agent of record. ☑ attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) 51,574 					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
September 23, 2004					
Date			Signature Jacqueline M. Cohen Typed or printed name		
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.					
★Total of 1 forms are submitted.					

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450

09/28/2004 HVUONG1 00000033 041928 09670529

PTO/SB/17 (11-01)

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WA TRANS

FEE TRANSMITTAL for FY 2004

Patent fees are subject to annual revision.

☐ Applicant Claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	950.00

	Complete if Known	
Application Number	09/670,529	
Filing Date	September 27, 2000	
First Named Inventor	Yannick Albertone	
Examiner Name	J. Boyd	
Group / Art Unit	1771	
Attorney Docket No.	AD6649 US NA	

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)					
☐ Check ☐ Credit card ☐ Money Order ☐ Other ☐ None				DITIONA Entity		l Entity		-
Deposit Account:			Fee	Fee	Fee	Fee	For Boardellan	Fee
Deposit			Code	(\$)	Code	(\$)	Fee Description	Paid
Account Number	04-1928		105 127	130 50	205 227	65 25	Surcharge – late filing fee or oath Surcharge - late provisional filing fee or	
			400	400		400	cover sheet.	
Deposit Account E. I. du Pont de Nemours and Company			139 147	130 2,520	139 147	130 2,520	Non-English specification	\vdash
Name L. I. du Font de Nemours and Company			112	2,520 920*	112	2,520 920*	For filing a request for reexamination Requesting publication of SIR prior to	
The Commissioner	' is authorized to: (check all that apply)		''2	320	'''	920	Examiner action	
☐ Charge fee(s) indicated below ☐ Credit any overpayments ☐ Charge any additional fee(s) during the pendency of this application			113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
1 = · ·	dicated below, except for the filling fee to the		115	110	215	55	Extension for reply within first month	
above-identified deposit account			116	420	216	210	Extension for reply within second month	
	FEE CALCULATION		117	950	217	475	Extension for reply within third month	950.00
51010 51			118	1,480	218	740	Extension for reply within fourth month	
1. BASIC FI			128	2,010	228	1,005	Extension for reply within fifth month	
	mail Entity		119	330	219	165	Notice of Appeal	
	fee Fee <u>Fee Description</u> ode (\$)		120	330	220	165	Filing a brief in support of an appeal	
1	201 385 Utility filing fee]	121	290	221	145	Request for oral hearing Petition to institute a public use	
	206 170 Design filing fee		138	1,510	138	1,510	proceeding	
	207 265 Plant filing fee	1	140	110	240	55	Petition to revive – unavoidable	
	208 385 Reissue filing fee		141	1,330	241	665	Petition to revive – unintentional	
114 160 2	214 80 Provisional filling fee	İ	142	1,330	242	665	Utility issue fee (or reissue)	\sqcup
		٦	143	480	243	240	Design issue fee	
	SUBTOTAL (1) (\$)	1	144	640	244	320	Plant issue fee	
2 EYTDA CLAIM	EEES		122	130	122	130	Petitions to the Commissioner	
2. EXTRA CLAIM FEES Extra Fee from Fee Claims Total Claims -20 = X 18 =			123 126	50 180	123	50 180	Processing fee under 37 CFR 1.17(q) Submission of Information Disclosure	
			581	40	581	40	Stmt Recording each patent assignment per	
Independent Claims	-3 = X 86 =	J	146	770	246	385	property (times number of properties) Filing a submission after final rejection	
Multiple Dependent	X 280 =	7	149	770	249	385	(37 CFR § 1.129(a)) For each additional invention to be	
Large Entity	Small Entity	_					examined (37 CFR § 1.129(b))	
Fee Fee Code (\$)	Fee Fee <u>Fee Description</u> Code (\$)		179	770	279	385	Request for Continued Examination (RCE)	
103 18	203 9 Claims in excess of 20		169	900	169	900	Request for expedited examination of a design application	
102 86	202 43 Independent claims in excess of 3				1		accigit application	\vdash
104 290	204 145 Multiple dependent claim, if not paid		Other	fee (spec	cify)			
109 86	209 43 ** Reissue independent claims over original patent	•						
110 18	210 9 ** Reissue claims in excess of 20 a over original patent	nd		•				
SUBTOTAL (2) (\$)								
**or number previously paid, if greater, For Reissues, see above			*Reduc	ced by Ba	asic Filin	g Fee Pa	id SUBTOTAL (3) (\$) 950.00	

SUBMITTED BY	Complete (if applicable)						
Name (Print/Type)	Jacqueline M. Cohen	Registration No. Attorney/Agent)	51,574 Telephone	(302) 984-6089			
Signature		7	Date	September 23, 2004			

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